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1.0 PURPOSE AND SCOPE

1.1.1. This procedure provides instruction for Connecticut Birth to Three Programs on the use of aversive techniques, and Connecticut Birth to Three System's commitment to positive behavioral supports.

2.0 REFERENCES

2.1 Associated Documents


2.1.1. Behavioral Support Plan

2.1.2. Early Intervention Record

2.1.3. Form 3-1, Individualized Family Service Plan (IFSP)

2.2 Source Information

2.2.1. Connecticut Birth to Three Use of Aversive Techniques. Revised Apr. 1, 2022.

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3.0 INSTRUCTIONS

3.1 Use of Aversive Techniques

3.1.1. **CONSIDER** aversive techniques those that may be “unpleasant, noxious or otherwise cause discomfort” to a child when used to “alter the occurrence of a specific behavior.” which may include:

- Planned use of physical isolation (for example. a time out)
- Holding a child’s hands or arms down or mechanical restraint such as lap belts for other than physical therapy needs.
- The use of a verbal reprimand such as “No” said in a loud voice or directly in a child’s face.
- Each emergency as well as planned and approved use of an aversive technique must be documented in the child’s early intervention record.

3.1.2. Birth to Three Program **SUBMIT** requests to propose use of aversive techniques.


1. In coordination with Child's family, Service Coordinator(s) and other appropriate persons working directly with child, **DEVELOP** a "behavioral support plan" that is based on a functional analysis of the behavior and is referenced in and attached to child’s IFSP.

a. **KNOW** a functional analysis is a systematic observation of the:

- Immediate antecedent event associated with behavior.
- Communicative intent of behavior.
- Settings in which behavior occurs.
- Consequence following display of behavior.

2. **OBTAIN** prior approval from Connecticut Birth to Three Lead Agency before implementation of the technique.

3.1.3. **DOCUMENT** the use of aversive techniques in the child's EI record (whether its an emergency or has been planned and approved).

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3.2 Behavioral Support Plan

3.2.1. **DEVELOP** a behavioral support plan in writing based on functional analysis and emphasizing positive behavioral interventions including:

- Positive behavioral interventions.
- Baseline data.
- Positive methods previously tried with supporting data.
- Informed consent of the child's parent or guardian.
- A statement from the child's doctor that proposed aversive procedure is **NOT** medically contraindicated.
- Methods for increasing positive behavior.
- Methods for measuring undesirable behavior.
- Plans for reducing the aversive technique.
- The circumstance under which the aversive would be used.
- Training for staff implementing techniques.
- Name of the person responsible for monitoring the plan.
- Data summary of positive and undesirable behavior over the life of the intervention.

3.2.2. **REFERENCE** and **ATTACH** behavioral support plan to child's Individualized Family Support Plan (IFSP).

3.3 Emergency Use of Physical or Mechanical Restraint

3.3.1. **WHEN** an emergency exists in which a child is in jeopardy of:


- Harming himself or harming others.

AND

- Approved individual programs and non-aversive measures are ineffective to control the situation.

THEN may **EMPLOY** physical or mechanical restraint.

1. **KNOW NO** aversive procedure other than physical **OR** mechanical restraint may be employed in an emergency.

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3.3.1 (continued)

2. After each occurrence of an emergency restraint, within three working days **HOLD** a follow up meeting with child's team to:

- a. **REVIEW** child's program.
- b. **DETERMINE** whether aversive technique is thought to be needed on a continuing basis or other behavioral supports should be considered.
- c. **IF** continued use of aversive is recommended,

THEN FOLLOW Section 3.1, Use of Aversive Techniques **AND** 3.2 Behavioral Support Plan of this procedure.

3. **IF** physical **OR** mechanical restraint is used on an emergency basis either:

- Three or more times in a thirty day period.
- One or more times in three consecutive thirty day periods.

THEN child's team **REVIEW** child **AND** his environment to address behavior that caused use of the restraint.

- a. **IF** continued use of aversives is recommended,

THEN FOLLOW Section 3.1, Use of Aversive Techniques **AND** 3.2 Behavioral Support Plan of this procedure.

3.3.2. Each Program must **ESTABLISH** general written procedures to be used in emergencies.

1. **ENSURE** to identify the following that may be used:

- Techniques
- Devices
- Equipment



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3.4 Corporal Punishment

3.4.1. **DO NOT** use corporal (physical) punishment.

- Corporal punishment is forbidden by the Birth to Three System.

END of Instructions

4.0 REVISION HISTORY

Location	Description of Change
All	New Human Factored Procedure in New Template.